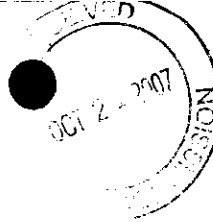



FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)



1. Federal Agency and Organizational Element 1 is Submitted DEVALI COMMISSION		2. Federal Grant or Other Identifying Number Assigned By Federal Agency #197-05-G		OMB Approval No. 0348-0039		Page 1 of 1	
3. Recipient Organization (Name and complete address, including ZIP code) ALASKA HOUSING FINANCE CORPORATION P.O. BOX 101020 ANCHORAGE, ALASKA 99510							
4. Employer Identification Number 92-0047291		5. Recipient Account Number or Identifying Number 661		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> x Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 9/1/2005		To: (Month, Day, Year) 12/31/2008		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2007		To: (Month, Day, Year) 9/30/2007	
10. Transactions:				I Previously Reported		II This Period	
				III Cumulative			
a. Total outlays				\$1,439,433.26		\$1,596,370.56	
b. Recipient share of outlays				\$0.00		\$0.00	
c. Federal share of outlays				\$1,439,433.26		\$1,596,370.56	
d. Total unliquidated obligations						\$2,225.00	
e. Recipient share of unliquidated obligations						\$0.00	
f. Federal share of unliquidated obligations						\$2,225.00	
g. Total Federal share (Sum of lines c and f)						\$3,038,028.82	
h. Total Federal funds authorized for this funding period						\$10,770,758.00	
i. Unobligated balance of Federal funds (Line h minus line g)						\$7,732,729.18	
11. Indirect Expense		a. Type of Rate (Place "X" in Appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed b. Rate c. Base d. Total Amount e. Federal Share					
		b. Rate N/A c. Base d. Total Amount e. Federal Share					
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.							
13. Certifications: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title EDWIN CHAN, CONTROLLER				Telephone (Area code, number and extension) (907) 338-8100			
Signature of Authorized Certifying Official 				Date Report Submitted 10/22/07			

NSN 7540 - 01 - 218 - 4387

269 - 201

Standard for 269 (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

